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APPLICANTS

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**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Verified and /OMONIYI OBAYANJU/ Acknowledged _____	<input type="checkbox"/> Met after Allowance ao Initials _____	FINLAND	4	10	4
Examiner's Signature _____					

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TITLE

Mobile phone assembly

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